

August 24, 2011

Marlene H. Dortch  
Secretary  
Federal Communications Commission  
445 12<sup>th</sup> Street SW  
Washington, DC 20554

Dear Ms. Dortch:

The undersigned organizations, which are part of the Mental Health Liaison Group (MHLG), are writing to urge the Federal Communications Commission (FCC) to permanently assign 1-800-SUICIDE, 1-888-SUICIDE, and 1-877-SUICIDA to the Substance Abuse Mental Health Services Administration (SAMHSA).

As national organizations representing consumers, families, and providers, we have a deep appreciation for the vital and life-saving services that suicide prevention hotlines offer. Serving and working on behalf of individuals who struggle with behavioral health challenges including mental illness, substance abuse, and serious emotional disturbances, we know how important it is to ensure that these vulnerable populations, many of whom are at increased risk of suicide, have round-the-clock access to reliable and consistent services.

Given the concerns regarding miscommunication, confusion and technical problems expressed by the crisis centers that worked with the Kristin Brooks Hope Center (KBHC) during the time when it administered these three toll-free hotlines, as well as reports of other KBHC-sponsored hotlines going out of service, we believe that returning these toll-free numbers to KBHC would pose too great of a risk to the safety of those whom we serve.

Since January 2005, SAMHSA has funded the National Suicide Prevention Lifeline (1-800-273-TALK), through a cooperative agreement with Link2Health Solutions, a wholly-owned subsidiary of the Mental Health Association of New York City. Since its launch, the Lifeline has routed over 2.9 million calls to 150 crisis centers in 49 states and has helped strengthen the safety net for our veterans by entering into an inter-agency agreement with SAMHSA and the Department of Veterans Affairs that allows veterans in distress to easily access help by “pressing one” when calling the Lifeline. The Lifeline has an extensive backup system consisting of regional and national backup centers, as well as a surge system, to ensure all calls are answered. In addition, participating centers have consistent access to call volume data, as well as technical assistance, which helps ensure those who reach out for help obtain reliable and high-quality services. The success of SAMHSA and Link2Health Solutions in administering the National Suicide Prevention Lifeline is evidenced, not only by the growing number of participating crisis centers and increasing call volume, but by the multiple comments on the FCC site registered by crisis centers in support of permanent assignment of the hotline numbers to SAMHSA. Who would better know about which entity (KBHC or SAMHSA/Lifeline) most reliably maintains the safety of callers through their administration of these numbers than the very crisis centers that have answered calls to the toll-free lines in question when they were under the administration of each of these two entities?

Who would better know about which entity most reliably maintains the safety of callers through their administration of this number than the very crisis centers that have answered calls to the three toll-free lines in question when they were under the administration of each of these two entities?

The FCC made a critical and correct decision to assign 800-SUICIDE and the other related numbers controlled by KBHC—temporarily in 2007, and permanently in 2010—with the understanding that public safety is paramount in operating a national suicide prevention hotline service. The public interest is even greater in 800-SUICIDE since the federal government invested in, supported and promoted the number for three years, which has led to its widespread recognition and inclusion on web sites, published materials and other information still in circulation. In large part due to the federally-supported promotional efforts of 800-SUICIDE from 2001-2003, thousands of people at suicidal risk are still calling this number each month, with the expectation that they will be efficiently routed to a local crisis center that can provide them with the help they need. However, history has shown us that such promises may not be kept if KBHC is assigned 800-SUICIDE, whether it is due to their poor administration and quality assurance or unreliable bill payments. As a group of national organizations interested in the mental health and well-being of our loved ones, clients and community members at risk of suicide across this country, we cannot accept a decision that may prevent them from getting the help they need in a moment of crisis.

In order to ensure the safety of our most vulnerable populations, we strongly recommend that the FCC permanently assign the three toll-free numbers in question to SAMHSA.

Thank you for your leadership on this important matter.

Sincerely,

American Academy of Child and Adolescent Psychiatry  
American Association for Geriatric Psychiatry  
American Association for Psychoanalysis in Clinical Social Work  
American Association for Psychosocial Rehabilitation  
American Association of Pastoral Counselors  
American Dance Therapy Association  
American Foundation for Suicide Prevention/SPAN USA  
American Group Psychotherapy Association  
American Psychiatric Nurses Association  
Anxiety Disorders Association of America  
Association for Ambulatory Behavioral Healthcare  
Bazelon Center for Mental Health Law  
Clinical Social Work Association  
Eating Disorders Coalition  
Mental Health America  
National Alliance on Mental Illness  
National Association for Children's Behavioral Health  
National Association of Counties  
National Association of County Behavioral Health and Developmental Disability Directors  
National Association of State Alcohol and Drug Abuse Directors  
National Association of State Mental Health Program Directors  
National Coalition for Mental Health Recovery  
National Council for Community Behavioral Healthcare  
National Disability Rights Network  
National Federation of Families for Children's Mental Health  
Tourette Syndrome Association